



Lo Mejor de Año en... Diabetes

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Revistas

- Ann Intern Med.
- Br Med Journal
- JAMA
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- Lancet
- N Engl J Med.

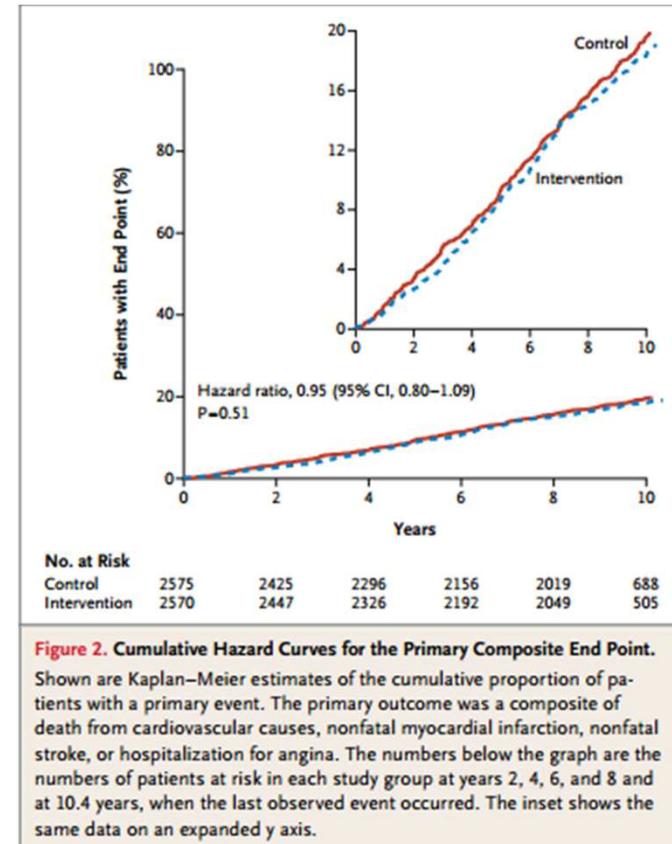
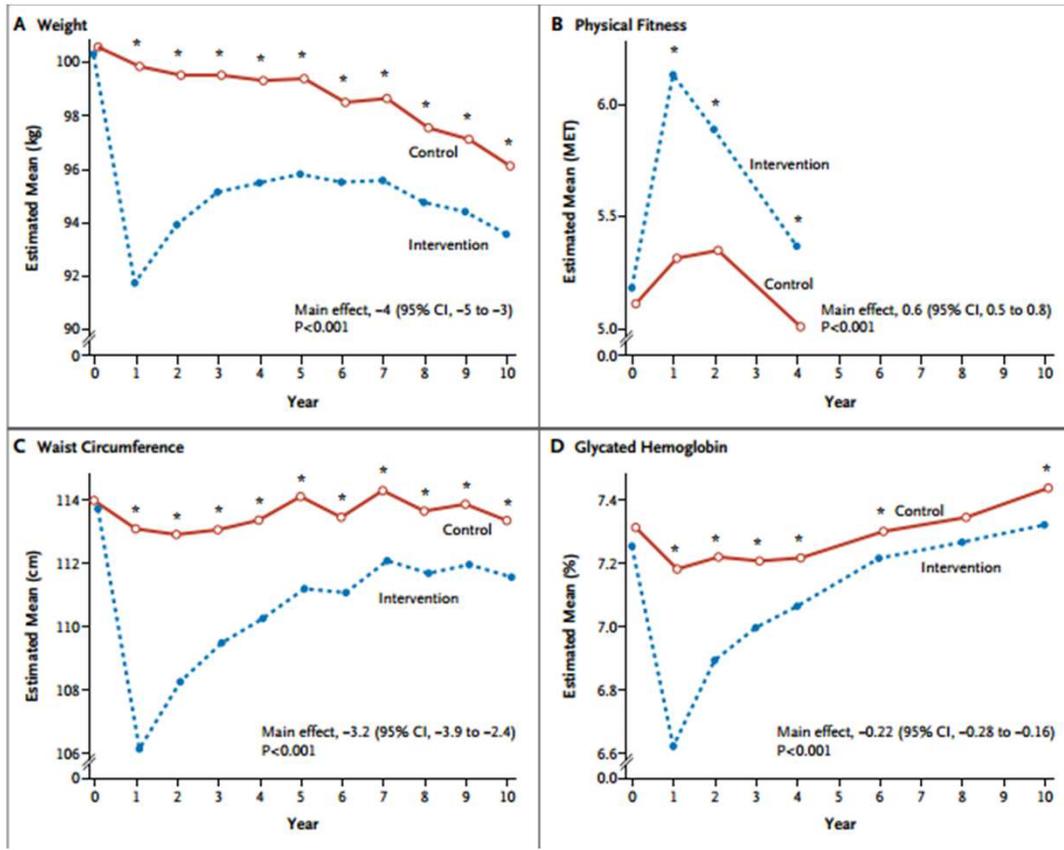


ORIGINAL ARTICLE

Cardiovascular Effects of Intensive Lifestyle Intervention in Type 2 Diabetes

The Look AHEAD Research Group*

N=5145 Pacientes con DM2 y sobrepeso



Prevention of Diabetes With Mediterranean Diets: A Subgroup Analysis of a Randomized Trial

Jordi Salas-Salvadó, MD, PhD*; Mònica Bulló, PhD; Ramón Estruch, MD, PhD; Emilio Ros, MD, PhD; Maria-Isabel Covas, DPharm; Núria Ibarrola-Jurado, RD, PhD; Dolores Corella, DPharm, PhD; Fernando Arós, MD, PhD; Enrique Gómez-Gracia, MD, PhD; Valentina Ruiz-Gutiérrez, PhD; Dora Romaguera, MD, PhD; José Lapetra, MD, PhD; Rosa Maria Lamuela-Raventós, DPharm, PhD; Lluís Serra-Majem, MD, PhD; Xavier Pintó, MD, PhD; Josep Basora, MD, PhD; Miguel Angel Muñoz, MD, PhD; José V. Sorlí, MD, PhD; and Miguel A. Martínez-González, MD, PhD*

[\[+\] Article and Author Information](#)

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N=3451 personas (55-80 años)

Intervención:

Dieta Mediterránea + EVOO
Dieta Mediterránea + Nueces
Dieta baja en grasas

Seguimiento 4.1 años

Desenlaces:

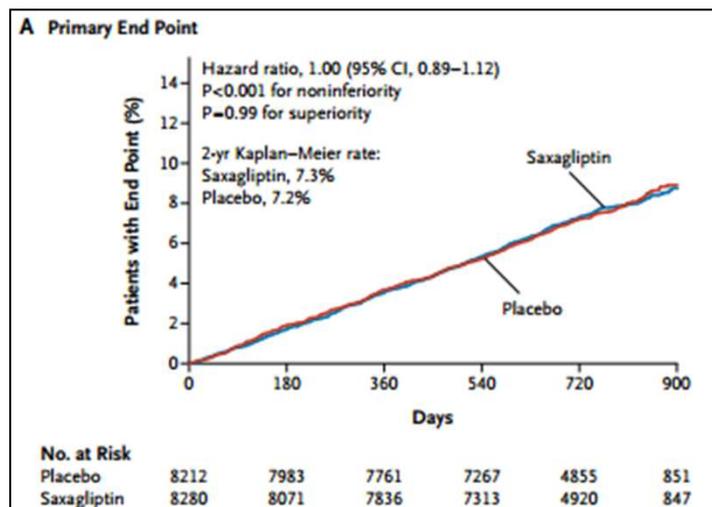
Factor	RRR
Dieta Mediterránea + EVOO	40%
Dieta Mediterránea + Nueces	18%

Inh. DPP-4: Seguridad CV

ORIGINAL ARTICLE

Saxagliptin and Cardiovascular Outcomes in Patients with Type 2 Diabetes Mellitus

N= 16.492 Ptes alto riesgo CV
 Saxagliptin* vs. placebo (DC, no inferioridad)
 Duración del estudio: 2.1 años
 Desenlaces: Muerte CV, IAM, ACVA



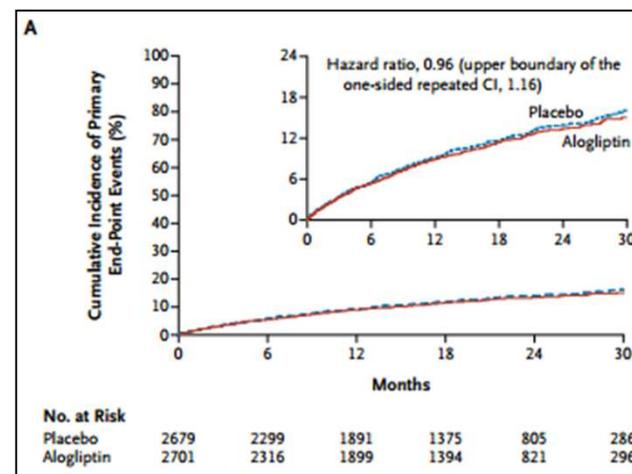
*Saxagliptin vs placebo Ingreso por ICC : 3.5% vs 2.8%
 P=0.007

N Engl J Med 2013;369:1317-26.

ORIGINAL ARTICLE

Alogliptin after Acute Coronary Syndrome in Patients with Type 2 Diabetes

N=5380 Ptes con SCA o IAM
 Alogliptina vs. placebo (DC, no inferioridad)
 Duración del estudio: 40 meses
 Desenlaces: Muerte CV, IAM, ACVA



N Engl J Med 2013;369:1327-35

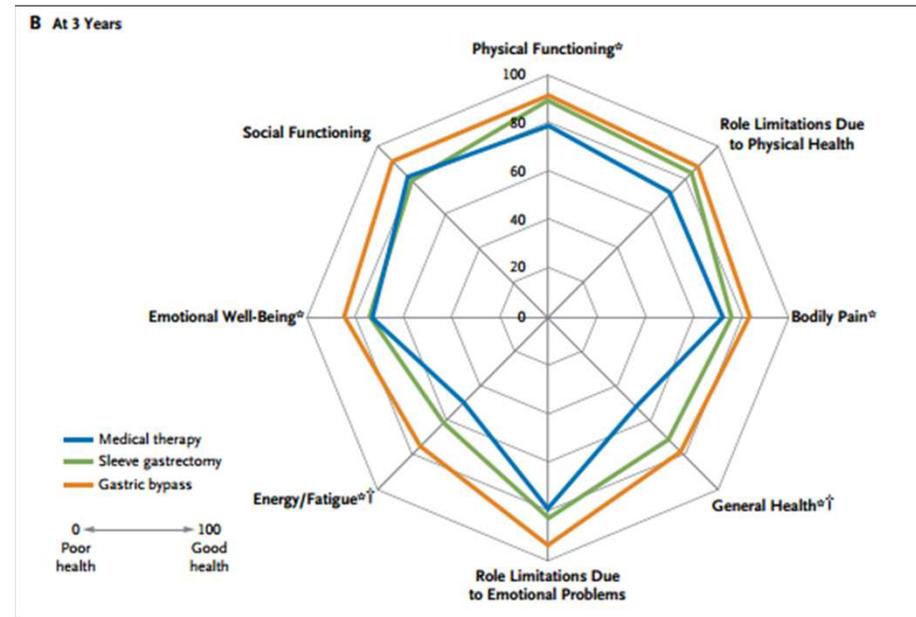
ORIGINAL ARTICLE

Bariatric Surgery versus Intensive Medical Therapy for Diabetes — 3-Year Outcomes

Philip R. Schauer, M.D., Deepak L. Bhatt, M.D., M.P.H., John P. Kirwan, Ph.D.,
 Kathy Wolski, M.P.H., Stacy A. Brethauer, M.D., Sankar D. Navaneethan, M.D., M.P.H.,
 Ali Aminian, M.D., Claire E. Pothier, M.P.H., Esther S.H. Kim, M.D., M.P.H.,
 Steven E. Nissen, M.D., and Sangeeta R. Kashyap, M.D.,
 for the STAMPEDE Investigators*

N=150
 Randomización 1:1:1
 (Médico:Gastrectomia tubular:By-pass Roux-en-Y)
 Edad 20-60 años
 A1c > 7%
 IMC 27-43

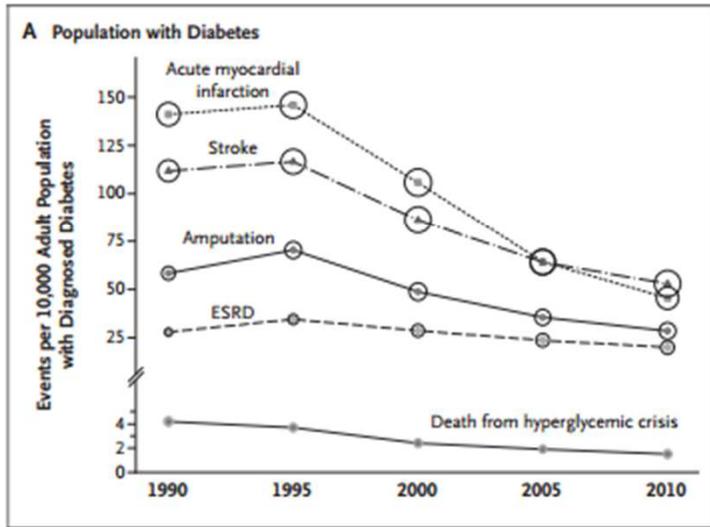
Desenlaces	A1c < 6% (Fármacos)
Médico	5%
Gastrectomia tubular	24%
By-pass Roux-en-Y	38%



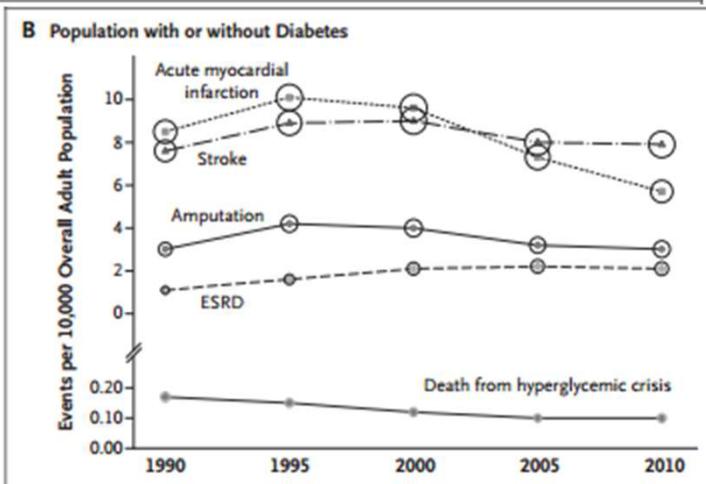
ORIGINAL ARTICLE

Changes in Diabetes-Related Complications in the United States, 1990–2010

Edward W. Gregg, Ph.D., Yanfeng Li, M.D., Jing Wang, M.D., Nilka Rios Burrows, M.P.H., Mohammed K. Ali, M.B., Ch.B., Deborah Rolka, M.S., Desmond E. Williams, M.D., Ph.D., and Linda Geiss, M.A.



IAM	-67.8%
Muerte por hiperglucemia	-64.4%
ACVA	-52.7%
Amputaciones	-51.4%
I. Renal terminal	-28.3%



Razones:

Avances en cuidados pacientes agudos
Mejoras en el sistema sanitario (estudio DCCT)
Promoción de la salud

Update in Endocrinology: Evidence Published in 2013

Hossein Gharib, MD

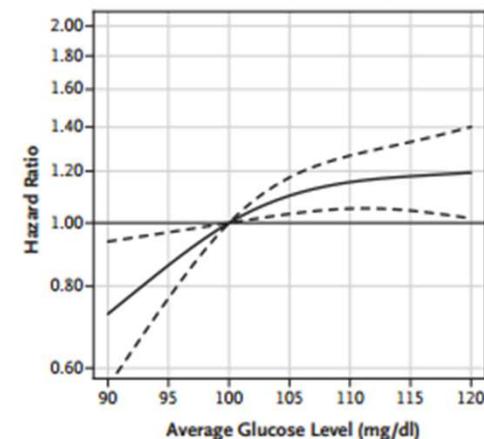
In diabetes practice, several developments were noteworthy. Lifestyle modifications resulted in weight reduction, decreased insulin requirement, and better glycemic control but failed to reduce cardiovascular events. In another study, higher glucose levels were associated with an increased risk for dementia. Two trials showed that bariatric surgery is useful in both obesity and diabetes—hence the term *metabolic surgery*—with dramatic weight loss and improved glycemic control. However, improved quality of life has not been well-documented, and costs and potential risks of surgical complications can be considerable.

Table 2. Risk of Incident Dementia Associated with Average Glucose Level over the Preceding 5 Years among Participants without Diabetes and Those with Diabetes.*

Average Glucose Level	Hazard Ratio for Dementia (95% CI)
Participants without diabetes	
95 mg/dl	0.86 (0.77–0.97)
100 mg/dl	1.00
105 mg/dl	1.10 (1.03–1.17)
110 mg/dl	1.15 (1.05–1.27)
115 mg/dl	1.18 (1.04–1.33)
P value	0.01
Participants with diabetes	
150 mg/dl	1.10 (0.92–1.30)
160 mg/dl	1.00
170 mg/dl	1.01 (0.92–1.12)
180 mg/dl	1.15 (0.98–1.34)
190 mg/dl	1.40 (1.12–1.76)
P value	0.002

Follow-up: 6.8 years

A Participants without Diabetes (N=1835)



B Participants with Diabetes (N=232)

